

FILED OCT 18 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34993

STATE FILE NUMBER

Registration District No. 43

Primary Registration District No. 3007

Registrar's No. 584

1. PLACE OF DEATH a. COUNTY Butler County		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Mississippi	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff, Missouri Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN East Prairie, Mo. Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital or hospice, give name of place of stay in 1b) HOSPITAL OR INSTITUTION Clark Nursing Home 1 Year		d. STREET (If outside, give location) ADDRESS 111 N. Martin Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Richard Middle M. Last Ward		4. DATE OF DEATH Month Aug. Day 15 Year 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 1883
9. AGE (In years last birthday) 74		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) unk	
11. BIRTHPLACE (City and state or country) Mississippi Co. Missouri		12. CITIZEN OF WHAT COUNTRY? Us. S. A	
13. FATHER'S NAME Unknown		14. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War One		16. SOCIAL SECURITY NO.	
17. INFORMANT "Friend" Address Mrs. Floydell Russell, East Prairie, Mo.		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Apoplexy DUE TO (b) arteriosclerosis DUE TO (c) 334X PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Had previous stroke about 4 yrs ago.	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. TIME OF INJURY Hour 10 a. m. Month, Day, Year	
20c. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 156	
20e. CITY, TOWN, OR LOCATION Poplar Bluff, Mo.		20f. COUNTY Mississippi	
20g. STATE Missouri		21. I attended the deceased from 15 April 57 to 15 Aug 57 and last saw him alive on 10 Aug 57 Death occurred at 10 Aug 57 on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) Anita Post M.D.		22b. ADDRESS Poplar Bluff, Mo.	
22c. DATE SIGNED 8 Oct 57		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 8-17-57		23c. NAME OF CEMETERY OR CREMATORY W. O. W. Cemetery	
23d. LOCATION (City, town, or county) East Prairie, Missouri		24. FUNERAL DIRECTOR Travis Shelby, East Prairie, Mo.	
25. DATE RECD. BY LOCAL REG. 10/11/57		26. REGISTRAR'S SIGNATURE Wm. H. Burn	

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

RECEIVED

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BUTLER CO. HEALTH CENTER

FILE No. _____

NOV 14 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by _____, Student Embalmer No. _____

working under my personal supervision..

Student. _____

Signature of Student Embalmer

Signed _____

James Shelby

Licensed Embalmer No. 27

P. O. Address *East Prussia*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.